

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual review.

TOTAL AMOUNT OF PAYMENT (\$)**355.00**

Complete if Known

Application Number
 Filing Date
 First Named Inventor **ORAL SEKENDUR**
 Examiner Name
 Group Art Unit
 Attorney Docket No.

JC966 U.S. PTO
09/755231



10/08/01

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number
 Deposit Account Name

☐ Charge Am. Address and Fee Request Under 37 CFR 1.6 and 1.17
☐ Applicant claims status only, not in Sec 37 CFR 1.21

2. ☐ Payment Enclosed

☐ Check ☒ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101	710	201	355	Utility filing fee	355
106	320	306	160	Foreign filing fee	
107	490	207	240	Priority filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)**355**

2. EXTRA CLAIM FEES

		Extra Claims		Fee from		Fee Paid
				Excess		
Total Claims	<input type="text"/>	2000	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Independent Claims	<input type="text"/>	2000	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Multiple Dependent	<input type="text"/>					

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claims first paid	
105	80	205	40	"Reserve independent claims over original patent"	
110	18	210	9	"Reserve claims in excess of 20 and over original patent"	

SUBTOTAL (2) (\$)

*For number previously paid, if greater. For Reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
105	130	205	65	No charge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
128	130	228	65	Non English specification	
147	2 520	147	2 520	For filing a request for ex parte re-examination	
115	470	112	220	Requesting publication of SIF prior to Examiner action	
113	840	113	1 680	Requesting publication of SIF after Examiner action	
115	110	215	55	Extension for reply within first month	
118	390	218	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1 390	218	695	Extension for reply within fourth month	
126	1 890	226	945	Extension for reply within fifth month	
119	150	219	75	Transmittal of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1 510	138	1 510	Petition to institute a public use proceeding	
130	110	230	55	Petition to review unfavorable	
141	1 240	241	620	Petition to review unfavorable	
142	1 240	242	620	Utility issue fee (2-100000)	
143	440	243	220	Design extra fee	
144	800	244	400	Plant breed fee	
122	150	222	75	Provisional to the Commissioner	
123	50	223	25	Processing the matter 37 CFR 1.171(d)	
126	180	226	90	Submission of Information Disclosure Sheet	
151	40	251	20	Recording each patent assignment per property times number of original fee	
148	710	248	355	Filing a continuation after final rejection (37 CFR 1.125(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.120(b))	
170	750	270	375	Request for Continued Examination (RCE)	
159	900	159	900	Request for expedited examination of a design application	

(Enter fee separately)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print Type) **ORAL SEKENDUR**
 Signature

Registration No. (Agent/Attorney)

Complete if applicable

Telephone **773 880 5574**
 Date **12/29/00**

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3C966 U.S. PTO

09/755231



01/08/01

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

Filing Date

First Named Inventor **ORAL SEKENDUR**

Group Art Unit

Examiner Name

Attorney Docket Number

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice: Enter, Reply: None)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD Number of CUI(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

ENCLOSED:
UTILITY PATENT APPL. TRANSMITTAL
CREDIT CARD PAYMENT FORM
DECLARATION FOR UTILITY PATENT APPL.
RETURN CARD

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name
ORAL SEKENDUR

Signature

Date

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date

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Date
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